FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPRO	VAL
OMB Number:	3235-0076
Expires: August	31,2008
Estimated average	burden
hours per response	16.00

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	SES
Filing Under (Check box(es) that apply):	ULOE थियो Frocessing Section
A. BASIC IDENTIFICATION DATA	AUG Z FÄÜÜB
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Roy hanus lp1	Washington, DC 101
Address of Executive Offices (Number and Street, City, State, Zip Code) 1325s. kihei rd 206 kihei hi 96753	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
oil and gas	
Type of Business Organization corporation business trust limited partnership, already formed other (pl	case specify PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year Actual Or Estimated Date of Incorporation or Organization: Center two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information req	•	_			
		uer has been organized w			
					a class of equity securities of the issuer.
 Each executive office 	er and director of	f corporate issuers and of	corporate general and man	naging partners of p	artnership issuers; and
Each general and ma	anaging partner of	f partnership issuers.	. <u> </u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if begley brett	individual)				
Business or Residence Addres 1325 s kihei rd 206 kihei t	•	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	'individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip C	ode)		
	(Use bla	ink sheet, or copy and use	additional copies of this s	sheet, as necessary)	

					В. 11	FORMATI	ON ABOU	T OFFERI	NG				
1.	Has the	issuer solo	l, or does th	ie issuer in	itend to se	ll, to non-a	ccredited is	nvestors in	this offeri	ng?		Yes	No
			,			Appendix,							
2.	What is	the minim	um investm									\$_2,50	00.00
	What is the minimum investment that will be accepted from any individual?										Yes	No	
3.	Does the offering permit joint ownership of a single unit?												[2]
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remune ted is an ass ime of the b you may so	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase at of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in the EC and/or	he offering. with a state		
Fu.	li Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	(ip Code)						
Na	me of As	sociated Bi	oker or De	aler				· · · · · · · · · · · · · · · · · ·					
Sta	ites in Wi	nich Persor	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	s" or check	individual	States)					•••••		□ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME WY	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Fu	ll Name (Last name	first, if ind	ividual)		•		-					
Bu	isiness of	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	•••			<u> </u>	-	
Na	ıme of As	sociated B	roker or De	aler				.,			***		
Sta	ates in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	ı			 		
	(Check	"All State	s" or check	individual	States)				•••••			☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	Il Name (Last name	first, if ind	ividual)									
Bu	isiness o	Residence	Address (Number an	d Street, C	City, State,	Zip Code)						
Na	ıme of As	sociated B	roker or De	aler									
Sta	ates in W	hich Person	1 Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	}			-		
	(Check	"All State	s" or check	individua	l States)						••••••	□ Al	I States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u> </u>	\$
	Equity	S	
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests	•	
	Other (Specify)		
	Total		\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		- <u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	m	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 0.00

	C. OFFERING PRICE, NUM	ABER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C – proceeds to the issuer."	- Question 4.a. This difference is the "adjusted gros	SS	ss
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	my purpose is not known, furnish an estimate an of the payments listed must equal the adjusted gros	d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🔲 \$. 🗆 \$
	Purchase of real estate			
	Purchase, rental or leasing and installation of mand equipment	achinery	📋 \$. 🗆 \$
	Construction or leasing of plant buildings and fa	cilities	🗌 \$	\$
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	□ \$	□\$
	Repayment of indebtedness		_	_
	Working capital		_	
	Other (specify):		_	_
			\$	
	Column Totals		\$ <u>0.00</u>	\$ 0.00
	Total Payments Listed (column totals added)	s <u></u>		
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-ac	urnish to the U.S. Securities and Exchange Comm	iission, upon writte	
iss	er (Print or Type)	Signature	Date	
Ro	y hanus lp1			
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is find (17 CFR 239.500) at such times as required by state law.	ied a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalthorized person.	f by the	undersigned
Issuer (Print or Type) Signature Date	1 -	
Roy ha	nus lp1	95	
Name (Print or Type) Title (Print or Type) Coveral Partner	-	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 5 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and explanation of to non-accredited offering price amount purchased in State waiver granted) investors in State offered in state (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors Amount** Yes No Amount ΑL ΑK AZAR CACO CTDE DC FL GA HI ID ΙL IN ΙA KS KY LA ME MD ΜA MI MN MS

APPENDIX 5 2 4 3 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Investors Amount Yes No Amount MO MT NE NVNH ŊJ NM NY NC ND ОН OK OR PA RI SC SD TN TX UT VT VAWA wv WI

				APP	ENDIX					
1		2	3		4					
	to non-a	I to sell accredited as in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

